



**JUDGING ACCREDITATION**

**ANNUAL CONTINUING**

**PROFESSIONAL EDUCATION RECORD**

NAME:       USAG #

YEAR: August 1, 20      – July 31, 20      HIGHEST RATING HELD AS OF AUGUST 1:

*Continuing Professional Education (CPE) will be recorded in actual clock hours.*

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| --- | --- | --- | --- | --- |
| **Highest Rating Held (on August 1st)** | | **CPE Hours Required Per Accreditation Year** | **Minimum Number of Clinic Hours Per Year** | **Maximum Number of Clinic Hours Allowed to Carry Forward to the Next Accreditation year** |
|  | Level 4/5 | 12 | 6 | 2 |
|  | Level 7/8 | 12 | 6 | 2 |
|  | Level 9 | 16 | 8 | 3 |
|  | Level 10 | 20 | 10 | 4 |
|  | National | 20 | 10 | 4 |
|  | Brevet | 20 | 10 | 4 |

1. Clinical CPE hours will be defined as hours spent at a State, Regional or Nationally organized Congress, Clinic, Course or Symposium open to all. Sessions will be designated "Approved for CPE". A certificate will be issued at the conclusion of an approved clinic by the Clinician or organizational personnel, or the clinician/organizer may sign a clinic CPE card or clinic CPE credit form per session.
2. A maximum number of CPE hours may be acquired for the following miscellaneous activities:
   1. Coaching (6 hours)
   2. In-gym with coaches and gymnasts (6 hours)
   3. Volunteering (4 hours)
      1. State Governing Board Member or SJD/RJD or National NAWGJ officer (2 hours)
   4. Video or live practice judging which has been pre-approved by the SJD or the USA Gymnastics SC (3 hours)
3. Each judge is responsible to keep accurate records of their Continuing Professional Education, including documentation of attendance at approved Continuing Professional Education experiences.
4. The USA National Office will conduct audits each year that requires randomly selected judges to provide actual documentation of their Continuing Professional Education as reported on this form.
5. This completed form must be sent to your State Continuing Professional Education Coordinator **NO LATER THAN MAY 31st** of each year.

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| --- | --- | --- | --- | --- | --- |
| **Date** (mm/dd/yyyy) | **Event Name** | **Event Type**  (Clinic, Volunteer, In-Gym, Practice Judging, Coaching) | **Hours** (Not including those carried over from previous year) | **Hours Carried Over from Previous Year** | **Hours Carried Forward to Next Year** |
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